

**REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 8, 2004.


Debbie Prout

Application Number : 10/028,745
Filing Date : December 21, 2001
Inventor(s) : Mark J. Owens, et al.
Title : WDM ADD/DROP MULTIPLEXER MODULE

Group Art Unit : 2835
Examiner Name : Boris Leo Chervinsky
Docket No. : 47630/DBP/S632

Date: March 8, 2004

MAIL TO: Mail Stop RCE

This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application.

This application is **not** an application of the kind specified in 37 CFR § 1.114(e).

1. THE STATUS OF THE APPLICATION IS AS FOLLOWS:

- a. ☒ Pending (no review proceedings active)
- (1) ☐ An Action was mailed by the Office on _____, as to which no appeal under 37 CFR § 1.191 has been filed and
_____ a response under 37 CFR § 1.116 was mailed on
_____ via Express Mail
_____ with certificate of mailing under 37 CFR § 1.8
_____ that Action was a Final Rejection, the finality of which is to be withdrawn by this Request
_____ an appeal or civil action under 35 U.S.C. 141,145 or 146 has been terminated
- (2) ☒ Allowed: the Notice of Allowance was mailed by the Office on February 6, 2004
☒ the Issue Fee has not been paid
_____ the Issue Fee has been paid **and** a petition under 37 CFR § 1.313 was granted on
_____ on
- b. ☐ Pending (with review proceeding active)
An appeal under 37 CFR § 1.191 has been filed. **Applicant(s) hereby withdraw that appeal and request reopening of the prosecution of the application.**

2. SUBMISSION(S) REQUIRED (check at least one)

- a. Previously submitted
- _____ Consider the amendments/reply under 37 CFR § 1.116 previously filed on
_____ Consider the arguments in the Appeal or Reply Brief previously filed on
_____ Other:

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b. Enclosed


☐ Amendment/Reply
☐ Affidavit(s)/Declaration(s)
☒ Information Disclosure Statement
☐ Documents under 37 CFR § 1.48
☐ Petition for Extension of Time
☐ Other:

The Examiner is requested to telephone the undersigned promptly following receipt and initial review of the application in light of the Submissions(s) for the conduct of, or the scheduling of, a telephone interview in the application.

Please address all correspondence to **CHRISTIE, PARKER & HALE, LLP, P.O. Box 7068, Pasadena, CA 91109-7068.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By 
D. Bruce Prout
Reg. No. 20,958
626/795-9900

DBP/djp

**REQUEST FOR CONTINUED EXAMINATION (RCE)
FEE CALCULATION SHEET**

Application No. 10/028,745

PART I — BASIC FEE

| | | | |
|-----------|--------------------------|--------------------------|-------|
| BASIC FEE | Small Entity \$385.00 | Large Entity \$770.00 | \$770 |
|-----------|--------------------------|--------------------------|-------|

PART II — ADDITIONAL CLAIMS (compared to application before RCE)

| | Claims Remaining After Amendment | Highest Number Previously Paid For | Number Extra Claims | Small Entity Rate | Large Entity Rate | FEE |
|--|---|---|---------------------------|----------------------|----------------------|-----|
| Total Claims | 0 | *0 | 0 | 0 x \$9.00 | 0 x \$18.00 | 0 |
| Independent Claims | 0 | **0 | 0 | 0 x \$43.00 | 0 x \$86.00 | 0 |
| First Presentation of Multiple Dependent Claim | | | | \$145.00 | \$290.00 | 0 |
| TOTAL CLAIMS FEE | | | | | | \$0 |
| List Independent Claims: 0 | | | | | | |
| * IF THE "HIGHEST NUMBER OF TOTAL CLAIMS PREVIOUSLY PAID FOR" IS LESS THAN 20, WRITE "20" IN THIS SPACE. ** IF THE HIGHEST NUMBER PREVIOUSLY PAID OR IS 3 OR LESS, WRITE "3" IN THIS SPACE. | | | | | | |

1. FEES (The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.)

a. Amount (total from Fee Calculation Sheet)

A check for \$770 is enclosed.

b. X The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required for this transaction to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A duplicate copy hereof is enclosed.

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